Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING			(X3) DATE SURVEY COMPLETED	
NVS3889HIC		NVS3889HIC		B. WING		06/22/2009		
STUDIO ASIA INCORPORATED			1333 CHAP	DDRESS, CITY, STATE, ZIP CODE APARRAL SUMMIT DRIVE GAS, NV 89117				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE COMPLETE COMPLETE DEFICIENCY) (X5) COMPLETE DATE		
H 000	Initial Comments			H 000				
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/22/09.							
	This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. One resident file and one employee file were reviewed.							
	The following deficie	ncies were identified:						
H 010	Director Duties-Post License			H 010				
	The director of a hon	operate the home in a	249)					
	Based on observatio	ot met as evidenced by n on 6/22/09, the direct nse to operate the hom ithin the home.	or					
H 018	Director Duties-BLC	&DAS Phone Numbers		H 018				
	NAC 449.15523 Dire The director of a hon	ctor: Duties. (NRS 449. ne shall:	249)					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NVS3889HIC				B. WING		06/22/2009			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•			
STUDIO ASIA INCORPORATED			1333 CHAPARRAL SUMMIT DRIVE LAS VEGAS, NV 89117						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
H 018	Continued From page 1 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources. This Regulation is not met as evidenced by: Based on interview and record review on 6/22/09, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Health Care Quality and Compliance and the Division for Aging Services were made available to 1 of 1 residents (Resident)			H 018					
H 033	#1). Safety&Sanitation-Fir NAC 449.15525 Requisanitation of facility. (in 2. A home must contain (c) A first-aid kit;	uirements for safety an NRS 449.249)	d	H 033					
H 040	Based on observation the facility did not hav Agreement Concerning	ng Rates ement between operat oncerning rates;	/09,	H 040					
	The operator of a hor	ne shall:							

Bureau of Health Care Quality & Compliance

		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		A. BUILDING			(X3) DATE SURVEY COMPLETED	
NVS3889HIC				B. WING		06/22/2009		
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STUDIO ASIA INCORPORATED				IAPARRAL SUMMIT DRIVE GAS, NV 89117				
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H 040	Continued From page	2		H 040				
	resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 1 of 1 residents (Resident #1).							
H 041	Records of Residents-Maintain file 5 years			H 041				
	NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home.							
	Based on observation	the facility failed to reta er 1 of 2 residents						
H 045	Records of Residents Assessment	-Current Needs		H 045				
	NAC 449.15527 Agre home and resident co	ement between operat oncerning rates;	or of					

PRINTED: 08/07/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3889HIC 06/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1333 CHAPARRAL SUMMIT DRIVE** STUDIO ASIA INCORPORATED LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 045 Continued From page 3 H 045 maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility failed to ensure there was a copy of a needs assessment in the file for 1 of 1 residents (Resident #1). H 060 H 060 Ultimate User Agreement NRS 453.375 Authority to possess and

may be possessed and administered by:

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administer controlled substances. A controlled substance may be possessed and administered

6. An ultimate user or any person whom the ultimate user designates pursuant to a written

NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive,

by the following persons:

agreement.

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3889HIC 06/22/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1333 CHAPARRAL SUMMIT DRIVE** STUDIO ASIA INCORPORATED LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 060 Continued From page 4 H 060 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on record review on 6/22/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).